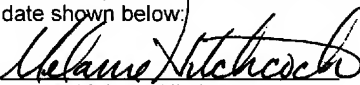
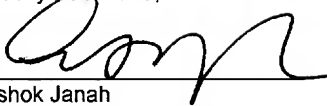


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Doan et al. Application No: 10/799,361 Confirmation No: 6366 Filed: March 12, 2004 Title: REFURBISHMENT OF SPUTTERING TARGETS	Group No: 1795 Examiner: Band, Michael A. Attorney Docket No.: 009001 USA/AGS/SPARES/DP January 16, 2009 San Francisco, CA 94107
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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Via EFS <input checked="" type="checkbox"/> Amendment Under 37 C.F.R. § 1.312 <input checked="" type="checkbox"/> Comments on Statement of Reasons for Allowance <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	Extension of Time <input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <td></td> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,110.00</td> <td style="text-align: center;">\$555.00</td> </tr> <tr> <td align="right" colspan="3">Total \$ 0.00</td> </tr> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	Total \$ 0.00		
Extension (Months)	Extension Fee																		
	Large Entity	Small Entity																	
<input type="checkbox"/> One Month	\$130.00	\$65.00																	
<input type="checkbox"/> Two Months	\$490.00	\$245.00																	
<input type="checkbox"/> Three Months	\$1,110.00	\$555.00																	
Total \$ 0.00																			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	34	49	0	\$50.00	\$25.00	\$0.00
Independent Claims	5	8	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Extension Fees</td> <td style="width:50%; text-align: right;">\$0.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$0.00</td> </tr> </table> <input type="checkbox"/> Attached is check no. _____ in the sum of \$ 0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$ <u>0.00</u> . CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571)273-8300, or transmitted via electronic submission on the date shown below: By:  Date: <u>January 16, 2009</u> Melanie Hitchcock	Extension Fees	\$0.00	Fees for Extra Claims	\$0.00	Total	\$0.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fees are required, please charge Deposit Account No. <u>10-0258</u> and/or <input checked="" type="checkbox"/> If any additional fees for claims are required, please charge Deposit Account No. <u>10-0258</u> . Please direct telephone calls to: Ashok Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107 Respectfully Submitted, By:  Date: <u>January 16, 2009</u> Ashok Janah Registration No. 37,487
Extension Fees	\$0.00						
Fees for Extra Claims	\$0.00						
Total	\$0.00						